PLEASE PRINT

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 21 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Robert L. Best			
II. Name of lobbyist's partner	rship, firm or corporation, if a	ny:		
Sulloway & Hollis, I	P.L.L.C.			
(Name of partn	ership, firm or corporation)			
9 Capitol Street	Concord	New Hampshire	03301	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
603) <u>224-2341</u> (Telephone)	(603) <u>226-2404</u> (Fax		e-mail rbest@sulloway.com	
	hoose one – file separate repo ns which are not attributable	rts for each client, OR you may fi to any one client).	le a separate report	
All reportable transactions of	occurring in the months prior to	the reporting date relative to the fo	llowing client:	
(Full Na	re Medical Society me of Client as it appears on the La	obbyist Registration Form)		
<u>OR</u>				
All reportable transactions but annual All All All All All All All All All A	• • •	obyist's family), or the lobbying fire	n listed below which	
IV. Date of Report April 2	26, 2017 🗌	July 26, 2017 🗹		
Reports cover: activity from d	ate of registration to 3/31/17	activity from 4/1/17 to 6/30/17		
	er 25, 2017 🗌 om 7/1/17 to 9/30/17	January 31, 2018 <i>activity from 10/1/17 to 12/31/17</i>		
		e transactions made since the l he Secretary of State's Office, State		
VI. Check if additional report	ts are attached:			
_		file Addendum A – Fees and Exper	ises	
If you have paid an honorar Expense Reimbursement	rium or reimbursed expenses, yo	ou must file Addendum B - Report	of Honorariums or	
If you, your firm, or your fa	amily has made political contrib	outions, you must file Addendum (- Political Contribut	
(Signature of lobbyist)	, RSA 14-C and RSA 664 and I	nereby swear or affirm that the fore		
Robert L. Best (Print Name of lobbyist)	_			